

# Damaged Document(s)

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH			
County of <u>Gila</u>		BUREAU OF VITAL STATISTICS		State Index No. <u>91</u>	
District of _____		ORIGINAL CERTIFICATE OF BIRTH		Co. Register No. <u>88</u>	
Town of <u>Hayden</u>				Local Registrar's No. <u>70</u>	
or _____					
City of _____		(No. _____ St. _____		Ward _____	
FULL NAME OF CHILD <u>Barbara Mary Burns</u>				Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.				Alive	<input checked="" type="checkbox"/>
Sex of Child <u>Female</u>	<input checked="" type="checkbox"/> Twin <input checked="" type="checkbox"/> Triplet or other _____	and	Number in order of birth <u>1st</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Jan 24</u> 19 <u>20</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Hilden Burns</u>			Full Maiden Name <u>Eleanor Brueggest</u>		
Residence <u>Hayden, Ariz.</u>			Residence <u>Hayden, Ariz.</u>		
Color or Race <u>White</u>	Age at last Birthday <u>26</u> (Years)		Color or Race <u>White</u>	Age at last Birthday <u>21</u> (Years)	
Birthplace <u>Offalton, Ill.</u>			Birthplace <u>St. Joseph, Mo.</u>		
Occupation <u>Repair man</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>1</u>		Number of children, of this mother, now living <u>1</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>					
I hereby certify that I attended the birth of above child; and that it occurred on <u>Jan 24</u> 19 <u>20</u> , at <u>11:35 P.M.</u>					
*When there is no attending physician or midwife, then the householder should make this return.			(Signature) <u>W. B. Carson</u> (Attending physician, midwife, householder*)		
Given or christian name added from a supplemental report _____ 191_____			Address <u>Hayden, Ariz.</u>		
222-224-522			LOCAL REGISTRAR		
COUNTY REGISTRAR			A True Copy		
			COUNTY REGISTRAR		